



**Maine Department of Health and Human Services
Center for Disease Control and Prevention
Rural Health and Primary Care Program
In Cooperation with The
U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care
National Health Service Corps**

**INSTRUCTIONS FOR COMPLETING THE 2019/2020 STATE LOAN REPAYMENT PROGRAM (SLRP)
RECRUITMENT AND RETENTION ASSISTANCE APPLICATION**

1. Practice Site: Name, address, and phone numbers and e-mail address of site requesting recruitment assistance for a full-time SLRP clinician(s). Provide the HPSA number(s) on the appropriate line and check the type of practice at site. (A separate application is required for each site location. To confirm a HPSA see the website <http://bhpr.hrsa.gov/shortage/>)
2. Sponsoring Agency: Name and address of sponsoring agency, if different from practice site.
3. Recruitment Contact: Name, telephone, fax, and e-mail address of individual responsible for recruitment.
4. Site Official Information:
5. Staff Recruitment and Retention: List the name(s) of the specific individual for whom SLRP loan repayment is requested, if applicable.

5a. Staffing Levels Table- Enter the total number of budgeted full-time equivalent providers, and those currently on staff; the number of requested providers by specialty for which SLRP assistance is requested and active recruitment will be undertaken; the projected hire date.
6. Agreement for All Participating SLRP Sites:
7. Agreement Signature of Site Official and Date:
8. Agreement Signature of Department Official and Date:

***Note: It is extremely important that the projected hire date for all clinicians be as accurate as possible.**

YEAR 2019/2020

STATE LOAN REPAYMENT (SLRP) RECRUITMENT AND RETENTION ASSISTANCE APPLICATION

1. Practice Site: _____
Street Address: _____
City: _____ State: _____ Zip: _____ County: _____
Telephone Number: _____ Fax: _____
E-Mail Address: _____
Health Professional Shortage Area: Primary Care _____ Dental _____ Mental Health _____ Automatic _____
Type of Practice: Section 330 _____ Other Non-Profit _____ For Profit _____ IHS _____
BOP _____ INS _____ Other Public _____

[If your site is a for-profit site it is ineligible to apply for the State Loan Repayment Program. However, your site may be eligible for participation in the National Loan Repayment Program.]

2. Sponsoring Agency: _____
Street Address: _____
City/State/Zip Code: _____

3. Recruitment Contact: _____
Telephone Number: _____ Fax: _____

4. Site Official Information:
Executive Director: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

5. For Staff Recruitment and Retention: On the lines below provide the names and disciplines of the proposed SLRP retention participant(s) for filled positions - note in the column PROJECTED HIRE DATE "filled" in the chart 5a:

NAME _____ DISCIPLINE _____

ALTERNATE NAME _____ DISCIPLINE _____

5a. Staff Recruitment and Retention Table:

APPROVED PRIMARY CARE SPECIALTIES FOR PHYSICIANS	STAFFING LEVEL (Indicate FTE)		NUMBER OF PROVIDERS REQUESTED (Indicate FTE)	PROJECTED HIRE DATE 2019/2020 (Check appropriate quarter for vacancies or write-in "filled".)			
	FULL	CURRENT		SEPT- NOV	DEC-FEB	MAR- MAY	JUNE-AUG
PHYSICIANS							
Family Medicine (and osteopathic general practice)							
Internal Medicine							
Pediatrics							
Obstetrics/Gynecology							
Geriatrics							
Psychiatry							
APPROVED PRIMARY CARE SPECIALTIES FOR NURSE PRACTITIONERS AND PAs							
Adult							
Family							
Pediatrics							
Psychiatry/Mental Health							
Geriatrics							
Women's Health							
ORAL HEALTH							
General Dentists							
Pediatric Dentists							

6. **AGREEMENT FOR ALL PARTICIPATING STATE LOAN REPAYMENT PROGRAM (SLRP) SITES**

Section I – Obligations of the Sponsoring Agency

This is to certify that the above site meets all SLRP requirements as outlined below, and I am authorized to provide such certification for the above named site. I certify that the site:

- A. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program or (ii) based upon the individual's race, color, sex, national origin, disability, or religion.
 - (i) Uses a schedule of fees or payments for the site's services that is consistent with locally prevailing rates or charges and is designed to cover the site's reasonable cost of operation.
 - (ii) Provides health care services at no charge, or at a nominal charge, to patients whose incomes are at or below 200% of the federal poverty guidelines, which are revised annually in March. For example, the poverty level for a family of four is \$23,850 (100%); thus, a 200% poverty level for this family would be \$47,700. SLRP sites utilize different practices to ensure that no barriers to care exist, including establishing a schedule of discounts based on patients' ability to pay.
 - (iii) Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party.
 - (iv) Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and State Children's Health Insurance Program beneficiaries.

- (v) Prominently advertises a statement expressing that no one will be denied access to services due to inability to pay.
- B. Ensures the site will treat patients who come from or reside in the federally-designated Health Professional Shortage Area (HPSA) where the practice is located.
- C. Provides culturally appropriate ambulatory primary medical, and/or dental, and/or mental and behavioral health care services.
- D. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) of those clinicians for whom the NPDB maintains data.
- E. Functions as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
- F. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits. Additionally, the site will maintain a copy of the current Board of Directors or Board of Owners recruitment and retention plan on site for review.
- G. Will not reduce the salary of SLRP clinicians because they receive or have received benefits under the SLRP.
- H. Will require SLRP clinicians to maintain a full-time primary care clinical practice as defined below:
 - (i) For all health professionals including mental and behavioral health professionals, at least 32 of the minimum of 40 hours per week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care setting office(s) for which the vacancy is approved. The remaining hours must be spent providing inpatient care to patients of that clinic and/or in practice-related administrative activities.
 - (ii) The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked in excess of 40 hours per week will not be applied to any other workweek.
 - (iii) SLRP clinicians can spend no more than 7 weeks (35 workdays) per year away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in an SLRP service year will extend the service commitment end date. Site must inform the SLRP when a SLRP clinician goes on extended medical leave or exceeds their 35-day allowance.
- I. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend SLRP sponsored meetings and other continuing education programs.
- J. Will communicate to the Health Resources and Services Administration Field Office any change in site or clinician status that might adversely affect the site or a clinician continuing an established relationship with the SLRP.
- K. Will maintain and make available for review by SLRP representatives all personnel and practice records associated with an SLRP clinic including documentation which contains such information that the Department may need to determine if the individual has complied.
- L. Will provide matching funds in the amount up to \$25,000 per year for the entire SLRP participant's obligation. In the event that the Health Professional's qualified educational debts total less than the annual amount specified in this Agreement during any year of the period of the practice obligation, the Sponsoring Agency shall make a payment which is equal to one-half the amount of the qualified educational debt.
- M. Concurs that if prior to completion of the required years of practice, the Sponsoring Agency and the Health Professional mutually agree to terminate the employment agreement, the Sponsoring Agency shall:
 - (i) Notify the Department in writing not later than thirty days before the effective date of the termination of the employment agreement with the Health Professional;
 - (ii) Include in the termination agreement, if any, with the Health Professional a statement that the Health Professional may be required to pay back the Department, as provided in the participants. SLRP Agreement;
 - (iii) Upon request from the Department, provide to the Department a copy, if any, of the termination of employment agreement between the Health Professional and the Sponsoring Agency; and
 - (iv) Waive its right to reimbursement of its share of any funds collected by the Department in the event the Health Professional is required to return payments to the Department, as provided in SLRP participants Agreement.
- N. Concurs that if prior to completion of the required years of practice, the Sponsoring Agency and the Health Professional mutually agree to terminate their employment agreement and a successor Sponsoring Agency in the current shortage area or in another shortage area agrees to assume the remaining obligations of the Sponsoring Agency with the Health Professional under this Agreement, the Sponsoring Agency agrees to waive its right to repayment of any funds provided to the Health Professional under this Agreement. The Sponsoring Agency further agrees to cooperate with the Department to effectuate the substitution of the successor Sponsoring Agency so that the

impact on the shortage area is minimized. Such cooperation shall include, but is not limited to, signing new Agreements or amendments to existing Agreement.

- O. Concurs that if prior to completion of the required years of practice, the Health Professional leaves the employment of the Sponsoring Agency, the Sponsoring Agency waives its right to repayment of its share of any funds provided to the Health Professional under this Agreement in the event the Health Professional agrees to and does fulfill his/her practice obligation with the Department in the current shortage area or in another shortage area.

Section II – Obligations of the Department

Subject to the availability of federal grant funds and/or funds appropriated by the Maine Legislature for the State Loan Repayment Program the Department agrees to:

- A. Provide an equal match to the local funds received by the Department from the Sponsoring Agency.
- B. Upon verification of the Health Professional’s practice, pay to the Health Professional at the intervals agreed upon in the participants SLRP Agreement up to \$25,000 per year. In the event that the Health Professional’s qualified educational debts total less than the quarterly amount specified in this Agreement during any quarter of the Agreement period, the Department shall make a payment equal to the amount of the qualified educational debt.
- C. In the event the Health Professional fails to fulfill his/her practice obligation, return to the Sponsoring Agency the unused portion of the Sponsoring Agency’s annual match contribution.
- D. In the event that the Health Professional is required to return all payments received from the Department, as provided in the Participants SLRP Agreement, reimburse the Sponsoring Agency the share of the funds provided by the Sponsoring Agency under this Agreement, as follows:
 - (i) Such reimbursement to the Sponsoring Agency shall be made out of the payments made by the Health Professional to the Department; and
 - (ii) Such reimbursement shall be made by an annual payment to the Sponsoring Agency.
 - (iii) In no event will the total amount of reimbursement to the Sponsoring Agency exceed the total amount the Sponsoring Agency paid under this Agreement.
- E. If the Health Professional’s payment obligation is cancelled pursuant to Section I. sub-sections M, N, or O. of this Agreement or waived or suspended pursuant to the “extreme hardship” clause of the participants SLRP Agreement, the Sponsoring Agency will not receive any reimbursement.

Signatures below are assurance that this application contains true and correct information and that the parties agree to comply with all of the previous listed points of this agreement.

7. Signature of Site Official: _____ Date: _____

Name and Title: _____

8. Signature of Department Official: _____ Date: _____

Name and Title: _____